DOCUMENT RESUME

ED 136 086 CG 011 093

AUTHOR	Goldfried, Marvin R.
TITLE	Taking Stock of Behavior Therapy: For Better or Worse.
SPONS AGENCY	National Inst. of Mental Health (DHEW), Rockville, Md.
PUB DATE	Sep 76
GRANT	MH24327
NOTE	10p.; Paper presented at the Annual Convention of the American Psychological Association (84th, Washington, D.C., September 3-7, 1976) Not available in hard copy due to marginal legibility of original document.
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	*Assertiveness; *Behavioral Counseling; *Behavior Change; Counseling; *Counselors; *Ethics; *Reinforcement; Speeches; State of the Art Reviews; Therapists

ABSTRACT

The author examines those potential negative effects that appear to be intrinsically associated with behavior therapy. The behavior therapist faces the potential danger of encouraging what is likely to be reinforced by the client's environment, thereby maintaining a societal status quo which, in itself, may be harmful. The author mentions the use of reinforcement procedures with children, and assertive training for women to illustrate his point. His concern with reinforcement procedures for children, particularly with token economics, is whether therapists are perpetuating within these children strong expectations for approval from others, which may have long-range negative effects. Regarding assertive training for women, he notes that, until recently, assertive training was used less frequently for females than men, since assertive behavior was not viewed as appropriate for women. He advises the therapist to discuss openly the consequences of new behavior patterns with all clients. (Author/HMV)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

HARD COPY NOT AVAILABLE

ED136086

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

Taking Stock of Behavior Therapy: For Better or Worse[1]

Marvin R. Goldfried

State University of New York at Stony Brook

Whether we feel comfortable in admitting it or not, all of us who do therapy must own up to the at times frightening responsibility that accompanies our attempts at influencing others. This became apparent to me some years ago, while I was taking my ABPP exam. Inasmuch as I had shifted my orientation from a psychodynamic to a behavioral one, one of the examiners asked me whether I felt more concerned about the ethics of influencing my clients now that I was functioning as a behavior therapist. My first reaction was "yes". As a behavior therapist, I had become more explicit about the fact of, and the means by which I attempted to get my clients to change, and therefore had become more sensitive to the impact I had on them, particularly any potential negative effects. In thinking this over, however, it became very apparent to me that this degree of concern should be shared by therapists of any theoretical persuasion. After all, we cannot argue that our availability as professionals is worthwhile and justified, and then go on to state that we are not in the business of changing other people's behavior. This is much like the debate on the effects of television. On the one hand, networks deny any potential negative influence that their programming might have on the behavior of the viewer, and then turn around to their sponsors and go to great lengths to impress upon them that their advertising will effect the buying behavior of the public. I'm pleased to be able to participate in today's symposium, which is clearly based on the premise that we all should look more closely at

CG011093

[1] In H. H. Strupp (Chair), Psychonoxious therapy: Clinical, theoretical, and research issues. Symposium presented at the meeting of the American Psychological Association, Washington, D. C., September, 1976. Work on this paper was facilitated in part by Grant MH24327 from the National Institute of Mental Health. The author would like to thank Gerald C. Davison and Anita Powers Goldfried for their comments on an earlier version of this paper.

BEST COPY AVAILABLE

the responsibility inherent in our roles as therapists, and specifically to attend to any adverse effects associated with our intervention procedures.

Despite clinical and research reports on the effectiveness of behavior therapy, there nonetheless exists room for certain negative effects. Many of these effects can be caused by the use of techniques not appropriate to a given case, or to the unethical attempts at coersive manipulation that have, unfortunately, been carried out in the name of behavior therapy. None of these adverse effects, however, are particularly intrinsic to the behavioral orientation. In my comments this morning, I would like to address myself to those potential negative effects that appear to be intrinsically associated with behavior therapy.

Potential Negative Effects of Behavior Therapy

A hallmark of the behavioral approach to clinical work is its functional nature, whereby effective and ineffective behavior patterns are defined in terms of their consequences. As a result of this orientation, the behavior therapist faces the potential danger of encouraging what is likely to be reinforced by the client's environment, thereby maintaining a societal status quo which, in itself at times may be harmful in its effects. I would like to illustrate this with the use of reinforcement procedures with children, and in assertion training for women.

Although token reinforcement procedures within classroom settings have been found to be most effective in minimizing disruptive behavior and facilitating the learning process (O'Leary & O'Leary, 1972), they have been criticized on the grounds that the children may be learning to do only those things that have tangible payoffs (Levine & Fasnacht, 1974). Extrapolating from research in the area of attribution theory (Deci, 1971, 1972; Kruglanski, Alon, & Lewis, 1972; Kruglanski, Friedman, & Zeevi, 1971; Lepper, Greene & Nisbett, 1973), the argument has been put forth that the extrinsic rewards associated with such programs may only serve to undermine any intrinsic reinforcement value

associated with the learning process. As the argument goes, token reinforcement programs communicate the message that the learning process itself only functions to get the learner something else, and has no value in and of itself. Ford and Foster (1976) have provided a number of cogent counter-arguments to this viewpoint, the most significant of which is the fact that the attribution research on intrinsic and extrinsic motivation has typically involved rewards for tasks which subjects enjoyed doing. By contrast, token programs are typically used in instances where intrinsic motivation is lacking to begin with. These programs focus on non-preferred tasks, such as sitting in one's seat and attending to the lesson, and are often used in instances where other methods have not been effective.

When confronted with the criticism that token reinforcement programs with children may inadvertently foster materialism, behavior therapists have suggested that material reinforcements eventually be faded out, to be replaced by social reinforcement, such as teacher or parent praise and approval. In this regard, however, we must seriously question whether or not we are perpetuating within such individuals strong expectations for approval from others, which in itself may have long-range negative effects. Our own research in this area has revealed that individuals with excessive expectations for approval are more likely to be anxious in social-evaluative situations (Goldfried & Sobocinski, 1975) and that a therapeutic approach focusing on minimizing such expectations can be effective in reducing interpersonal anxiety (Kanter & Goldfried, 1976). The question I am raising, then -- and I must add that it is only a question and not a conclusion -- is whether or not children for whom social approval procedures are being systematically used for child-rearing purposes ultimately become more concerned over the reactions of others, and thereby tend to be more anxious in social-evaluative situations. If research efforts directed in this area indicate that this is the case, then behavior therapists will have to place greater emphasis on alternate methods of

implementing social learning principles, such as in the use of self-reinforcement.

One final point about reinforcement techniques. The argument has been put forth by Winett and Winkler (1972) that token economies within classroom settings might be reinforcing the child's obedience to authority, and extinquishing individuality and creativity. Winett and Winkler, both behavior therapists themselves, have expressed their concern that "...behavior modifiers have been instruments of the status quo, unquestioning servants of a system which thrives on a petty reign of 'law and order' to the apparent detriment of the educational process itself. What is, perhaps, most disheartening is that our procedures seem to work, and thus, make the system operate that much more effectively" (p. 501). Although O'Leary (1972) has answered this criticism by emphasizing that token programs are used only in disruptive classes where academic skills are lacking, and that behavior therapists make every attempt to ascertain that the demands being made on the children are reasonable, the fact that reinforcement procedures within the classroom typically foster the effectiveness of what is deemed to be "acceptable learning" procedures is a criticism that cannot be taken too lightly.

The relationship of the client's specific problem to current societal standards can also be illustrated with assertion training for women. Although assertion training has been available to behavior therapists for a number of years, it was only as a function of the women's movement that its relevance for female clients has been clearly indicated. In many of the early descriptions of assertion training, behavior therapists emphasized the importance of fostering behavior patterns that were "appropriate" to the client's particular

situation. This, in essence, reflects the behavior therapist's functional orientation, where the effective behavior pattern to be encouraged is that which is likely to be reinforced in one's environment. In this context, behavior therapists have had to consider the question as to whether increased assertiveness on the part of women would result in positive or negative feedback from the environment.

According to the data provided by Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel in 1970, clinicians (both male and female alike) considered the healthy woman to be more submissive, less independent, less adventurous, less aggressive, and less competitive than men. Up until recently, assertion training was probably used less frequently for female clients, as an assertion behavior pattern was not seen as being particularly appropriate for women. Although no one would deny that assertive behavior increases the likelihood that individuals will obtain what they want, a typical concern with assertion training for women is that they may relinquish their traditional passive role and become more "aggressive" or "demanding." This is likely to occur, however, only in instances where the therapist conducting the assertion training has failed to teach the client to distinguish between aggressive and assertive behavior. Whereas the former functions primarily to put another individual down, the assertive response entails a more genuine and honest expression of need or desire. Even where the therapist takes care to facilitate more appropriately assertive behavior, it is not possible to completely avoid instances of the client receiving negative feedback from others in her environment. Although societal standards for appropriate role behavior for men and women are clearly changing, the assertive woman is probably more likely to experience negative feedback then is the assertive man. As noted by Broverman et al (1970), behavior patterns judged

to be appropriate in men may be construed as negative and deviant when coming from a woman.

In some of our research on assertion training with women, Marsha Linehan, Anita Goldfried, and I have attempted to build in certain cognitive restructuring procedures to enable the female client to be less upset over such criticism, and to reinforce herself for her assertive behavior pattern. Whether or not increased assertiveness in women does, in fact, produce more negative reactions from others is a question yet to be researched. Some preliminary findings in our follow-up assessment of women who have gone through our program suggests that the long-range effects on their relationships with husbands or male acquaintances has tended to be positive, rather than negative. The specific effects of assertion training on women's marital relationships is currently under investigation by Anita Phinney, a doctoral student at Stony Brook.

In general, the potential problems I have noted are related to the method by which behavior therapists conceptualize deviant behavior. Deviant and nondeviant behaviors are defined according to their effect on the individual's environment, and to the labeling process as it occurs within a particular social system. According to the tripartite model described by Hadley and her associates (Hadley, Strupp, Armstrong, Gomes-Schwartz, 1976) -- where effective functioning may be defined either by society, the client, or the mental health professional -- a behavioral model of deviant behavior has the professional aligned with society in making such judgments. To do this blindly, with no regard for the nature of the societal standards themselves, can create numerous problems.

The fact that societal standards are rapidly changing, and will at any given time also vary from one subculture to another, clearly makes it difficult for behavior therapists to employ a functional definition of behavior. It should be noted, however, that this functional definition is a double-edged sword. Behavior therapists may be better able to respond to, and to incorporate societal changes into their definition of effective behavior, as they are not locked into a particular theoretical conceptualization of normality. Nonetheless, the dangers do exist. It is not immediately apparent what alternative approach behavior therapists can take. One possibility that always exists is for the therapist to openly acknowledge the changing nature of society, and discuss with any given client the various possible alternative consequences associated with their new behavior pattern.

I would like to conclude my presentation this morning by quoting from Davison's 1974 presidential address before the Association for the Advancement of Behavior Therapy, where he similarly challenged his behavioral colleagues to do some critical self-examination:

> "While there have indeed been follies committed in the name of behavior therapy, I would argue that it is behavior therapy which has most conscientiously purused new knowledge in as objective a fashion as possible; that we harbor precious few cherished myths about what we do; that we are more critical of our own endeavors than those less familiar with what really constitutes our discipline.
>
> "There are many human problems that would seem amenable to the mode of scientific analysis that is the essence of behavior therapy. We do not demean the human being by our concepts and methodologies. Indeed, the benefits already realized justify considerable optimism that increased knowledge of how we behave will enable people to increase their alternatives and truly fulfill their potential. I hope we continue to devote the necessary energy to the important challenges." (Davison, 1974, p. 17).

References

Broverman, I. K., Broverman, D. M., Clarkson, F. E., Rosenkrantz, P. S., and Vogel, S. R. Sex-role stereotypes and clinical judgments of mental health. Journal of Consulting and Clinical Psychology, 1970, 34, 1-7.

Davison, G. C. Homosexuality: The ethical challenge. Paper presented at the Annual Convention of the Association for Advancement of Behavior Therapy, Chicago, November 2, 1974.

Deci, E. L. Effects of externally mediated rewards on intrinsic motivation. Journal of Personality and Social Psychology, 1971, 18, 105-111.

Deci. E. L. The effects of contingent and non-contingent rewards and controls on intrinsic motivation. Organizational Behavior and Human Performance, 1972, 8, 217-229.

Ford, J. D., and Foster, S. L. Extrinsic incentives and token-based programs: A reevaluation. American Psychologist, 1976, 31, 87-90.

Goldfried, M. R. and Sobocinski, D. Effect of irrational beliefs on emotional arousal. Journal of Consulting and Clinical Psychology, 1975, 43, 504-510.

Hadley, S. W., Strupp, H. H., Armstrong, S. H., and Gomes-Schwartz, B. Research implications of a tripartite conceptual model. Paper presented at the American Psychological Association Convention, Washington, D. C., 1976.

Kanter, N. J. and Goldfried, M. R. Comparison of rational restructuring and self-control desensitization in the reduction of interpersonal anxiety. Unpublished manuscript, State University of New York at Stony Brook, 1976.

Kruglanski, A. W., Alon, S. & Lewis, T. Retrospective misattribution and task enjoyment. Journal of Experimental Social Psychology, 1972, 8, 493-501.

Kruglanski, A. W., Friedman, I., & Zeevi, G. The effects of extrinsic incentives on some qualitative aspects of task performance. Journal of Personality, 1971, 39, 606-617.

Lepper, M. R., Greene, D., & Nisbett, R. E. Undermining children's intrinsic interest with extrinsic reward: A test of the "over-justification" hypothesis. Journal of Personality and Social Psychology, 1973, 28, 129-137.

Levine, F. M. & Fasnacht, G. Token rewards may lead to token learning. American Psychologist, 1974, 29, 817-820.

O'Leary, K. D. Behavior modification in the classroom: A rejoinder to Winett and Winkler. Journal of Applied Behavior Analysis, 1972, 5, 505-511.

O'Leary, K. D. and O'Leary, S. G. (Eds.) Classroom management. New York: Pergamon, 1972.

Winett, R. A. & Winkler, R. C. Current behavior modification in the classroom: Be still, be quiet, be docile. Journal of Applied Behavior Analysis, 1972, 5, 499-504.